

CUSTOMER INFORMATION

TO DETERMINE WHAT SERVICES MAY BE APPROPRIATE, PLEASE PROVIDE THE FOLLOWING INFORMATION

Disability Disclosure:

Applicants with disabilities or any other barriers to employment are encouraged to self-disclose their disability in the space provided below. This information will be used to determine if you are eligible for additional services or assistance in programs or activities available at the Career Center. This information is voluntary and is for reporting purposes. All information will be kept confidential and will not be used to deny you services or to illegally discriminate against you. Your refusal to provide this information will not subject you to any adverse treatment. Information will only be used in accordance with the law.

☐ Yes, I would like to disclose a disability. (Which will enable me to apply for additional services and assistance.)

☐ No, I would not like to disclose a disability.

If yes, what accommodations do you require: _____

Social Security Number

Name: First, Middle Initial, Last

Address

City

State

Zip Code

County Name

Area Code

Telephone Number

Message Telephone Number

Cellular Telephone Number

E-mail Address

Date of Birth

Age

Gender

United States Citizen

☐ Male

☐ Female

☐ Yes

☐ No

☐ Eligible Non-Citizen

Race

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ White

☐ Hawaiian Native/Pacific Islander

☐ Does not declare a race

Ethnicity

Highest

Grade Completed

Primary

Language

Limited

English

Selective

Service

☐ Hispanic ☐ Latino

☐ Yes ☐ No

☐ Yes ☐ No ☐ N/A

Veteran

180 days or less

Eligible Veteran

Spouse/Widow of Vet

Campaign Related

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Disabled Veteran

Recently Separated Veteran and Date Separated

Discharge Status (Please Print)

☐ Yes ☐ No

☐ Yes ☐ No

Date:

Work History

Employer Name:

Start Date

End Date

Reason for leaving

End Salary

Hrs. per
Week

What job skills do you have?

Number in family

Total Dependents in household

Marital Status

☐ Married

☐ Single

☐ Single Parent

List all individuals living in your household and all income received for the last 6 months, since _____:

Name	Relationship	Age	Gender	Amount	Source Ex: Wages, SSI, etc.

Do you receive
Public Assistance

If Yes, which:

Food Stamps

☐ Yes ☐ No

☐ TANF ☐ General Assistance ☐ Refugee Assistance

☐ Yes ☐ No

Homeless

Foster Child

SSI

Youth School Drop Out

Pregnant/Parenting

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Youth Offender

If Youth Offender, which:

Unemployment Compensation

☐ Yes ☐ No

☐ Felony ☐ Misdemeanor ☐ Both

☐ Claimant ☐ Exhaustee ☐ None

Do you need information on the following:

☐ Day Care ☐ Housing ☐ Clothing ☐ Transportation ☐ Food ☐ Other:

What is your Employment Goal?

How can we help you reach this goal?

When are you available for work?

What salary do you require?

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND TRUE AND GIVE MY PERMISSION FOR VERIFICATION OF ANY INFORMATION ON THIS FORM.

Signature:_____

Date: _____